## **NOTICE**

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

#### These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <a href="http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx">http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx</a>



## DLN: 93493236005149

Phone no 🕨 (281) 893-7550

Form **990** 

Treasury

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inspection

Department of the Internal Revenue

► The organization may have to use a copy of this return to satisfy state reporting requirements

Servic							
			r, or tax year beginning 0  C Name of organization	1-01-2008 and ending 12-31-2008	8	D Employer ide	entification number
_	ck if applica	Ficase	Race Track Chaplaincy of Ar	nerica Inc			
_	ress change	label or	Doing Business As			23-718187 E Telephone no	
Nam	ne change	print or type. See	,				
Initi	al return	Specific	Number and street (or P O	box if mail is not delivered to street addres	ss) Room/suite	(310) 419-	
┌ Tem	mination	Instruc- tions.	1050 S Prairie Avenue			G Gross receip	<b>ts</b> \$ 3,155,718
☐ Ame	ended retur	n	City or town, state or count	v. and ZIP + 4			
_	lication pen		Inglewood, CA 903014120	,, , , , , , , , , , , , , , , , , , , ,			
i Abb	псацоп реп						
			ne and address of Principa que Torres	al Officer		s a group return	
			Prairie Avenue		affiliat	es?	⊤Yes 🔽 No
		Inglew	ood,CA 703014120		H(b) Are all	affiliates include	ed?
<b>I</b> Tax	c-exempt st	atus 🔽 501(c	)(3) <b>◄</b> (insert no)	7(a)(1) or	` '		: See instructions )
J We	eb site: 🟲	http//www.race	etrackchaplaıncy org		1	Exemption Nu	
			, , ,				
<b>К</b> Туре	e of organiz	ation 🔽 Corporat	ion trust association	other ►	<b>L</b> Year of For	mation 1972 M	State of legal domicile FL
Par	tI s	ummary					
			e organization's mission o	or most significant activities			
.,		•	•	emotional, physical, social andedu	icational need	ls of families wo	orking in the horse
<u>ĕ</u>		ing industry	o provide for the spiritual,	emotionar, physicar, social andede	acational need	is of families we	orking in the horse
Governance							
를	<b>2</b> Che	eck this box 🦵	ıf the organizatıon discon	tinued its operations or disposed o	f more than 2!	5% of its asset	s
§	<b>3</b> Nu	mber of voting r	members of the governing	body (Part VI, line 1a)		3 _	84
<b>8</b> 5	<b>4</b> Nu	mber of indeper	ndent voting members of t	he governing body (Part VI, line 1b	)	. 4_	7
Activities &	<b>5</b> Tot	al number of er	nployees (Part V , line 2a)			5	28
			olunteers (estimate if nece			6	3,850
译			,	n Part VIII, line 12, column (C)	_	-	0
_		_		Form 990-T, line 34	-	7b	
	<b>J</b>				Prio	r Year	Current Year
	• 6	antributions an	d aranta (Bart VIII line 1	h)	F110		
<u>o</u>				h)		2,736,758	3,150,961
eu				g)		15.100	0
Revenu				, lines 3, 4, and 7d)		16,109	4,757
_	_	•	, , , , , , , , , , , , , , , , , , , ,	s 5, 6d, 8c, 9c, 10c, and 11e)			0
	12 To		aa iines 8 through 11 (mu	st equal Part VIII, column (A), line	e	2,752,867	3,155,718
		•	ar amounts paid (Part IX,	column (A), lines 1-3)			0
			or for members (Part IX, c				0
				enefits (Part IX, column (A), lines 5	5 –		
\$	10	,		(		943,294	1,117,183
<u> </u>	<b>16a</b> Pr	ofessional fund	Iraising fees (Part IX, colu	ımn (A), lıne 11e)			0
Expenses	<b>b</b> (T	otal fundraising ex	penses, Part IX, column (D), lın	e 25 97,364			
ш	'	-	(Part IX, column (A), lines	·		1,732,812	1,470,601
				qual Part IX, line 25, column (A))		2,676,106	2,587,784
		-	penses Subtract line 18 f			76,761	567,934
207 307 AV	Re	venue less exp	Jenses Subtract lille 10 l	om fille 12	Dawi		End of Year
Net Assets or Fund Balances					beginnii	ng of Year	
88 H		otal assets (Pai	rt X, line 16)			1,868,946	2,001,555
2 kg	<b>21</b> To	otal liabilities (F	Part X, line 26)				0
2 E	<b>22</b> N e	et assets or fun	d balances Subtract line	21 from line 20		1,868,946	2,001,555
Par	t II S	ignature Bl	ock		_	•	
	Un	der penalties of pe	erjury, I declare that I have exa	mined this return, including accompanying			
		, ,	correct, and complete Declarat	ion of preparer (other than officer) is base	d on all informati ı	on of which prepai	rer has any knowledge
Plea: Sign		*****	or.		2009-	08-24	
oign Iere		Signature of office	÷1		Date		
•		Patsy Payne Trea Type or print nam					
	<u>                                      </u>	турс от ринстиант	ic and the				
		Preparer's		Date 2009-08-24	Check If	Preparer's PTIN	N (See Gen Inst )
Paid		Signature F	ed Feher CPA	2005 00 21	self- empolyed 🕨 🔽	-	
-	parer's						
Use		Fırm's name (or   if self-employed)				EIN Þ	
Only	/	address, and ZIP				LIN F	

14550 Torrey Chase Ste 255

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization' Providing church services and Ch America		olding for social and	l educational needs of p	eople living and working at th	ne Thoroughbred horse ra	ice tracks in			
2	Did the organization unde	rtake any significa	nt program serv	vices during the vea	r which were not listed o					
	the prior Form 990 or 990	D-EZ?								
_	If "Yes," describe these n									
3	Did the organization ceas services?			changes in how it co	nducts any program					
4				organization's three	a largest program servic	es hy eynenses				
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported									
4a	(Code Providing church services and America	) (Expenses \$ Christian counseling, p		including grants of \$ and educational needs o	) (Revenu f people living and working at	·	) e race tracks in			
4b	(Code	) (Expenses \$	II	ncluding grants of \$	) (Revenue	 > \$	)			
4c	(Code	) (Expenses \$	П	ncluding grants of \$	) (Revenue	- > \$	)			
4d	Other program services	(Describe in Sala	dula C \							
+u	(Expenses \$	•	ding grants of \$	•	) (Revenue \$	)				
4e	Total program service e	xpenses \$	1,616,597	Must equal Part I)	(, Line 25, column (B).					

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		S. Information Returns . Enter -0- if not applicable					
			1a	20			
ь	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	_		
	_	ng (gambling) winnings to prize winners?			1c	Yes	
2a		r the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> <i>ments</i> filed for the calendar year ending with or within the year covered by this					
	retur		2a	28			
ь	Ifatl	ı least one ıs reported ın 2a, dıd the organızatıon file all required federal employm	nent t	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	s retur	rn.	2b	Yes	
3а		he organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
		n?	• •		3a		No
		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b		
4a		ny time during the calendar year, did the organization have an interest in, or a si · a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		, or other inteneral	4a		No
ь	Tf"Vc	es," enter the name of the foreign country					
		the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Re</i>	port o	f Foreign Bank and			
	Finan	cial Accounts.	•	_			
5a	Wast	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
ь	Dıd a	my taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
_	If "Ye	es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> a	t Entit	ty Regarding Prohibited			N o
·		Thelter Transaction?	•	· · ·	5c		110
6a	Did th	he organization solicit any contributions that were not tax deductible?			6a		No
ь	If "Ye	es," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts			
		not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo conf	trıbutı	ion of \$75 or	7a		
		?			l l	Ī	I
		es," did the organization notify the donor of the value of the goods or services pr			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		-	7c		
а		es," indicate the number of Forms 8282 filed during the year	7d				
u	11 16	es, marcate the number of forms 0202 med during the year	, u				
e	Did th	he organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal			
	benef	fit contract?			7e		No
f	Did tl	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	For a	ll contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g	Yes	
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ıle a F	orm 1098-C as			
		red?			7h	Yes	
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
		ss business holdings at any time during the	, pons	orning organization, nave	8		
		?					<u> </u>
9	Sectio	on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did th	he organization make any taxable distributions under section 4966?			9a		
b	Did th	he organization make a distribution to a donor, donor advisor, or related person	· .		9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initia	ation fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	ties					
11	Secti	ion 501(c)(12) organizations Enter					
		s income from members or shareholders					
-			11a				
b		s income from other sources (Do not net amounts due or paid to other sources					
	agaın	nst amounts due or received from them)...........[	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the					
-	year		12b	I			

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing E	Body and Mai	nagement		

			Yes	NO				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 84							
ь	Enter the number of voting members that are independent 1b 7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes					
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No				

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a		Νo
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14		Νo
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ☐ own website. ☐ another's website. ☐ upon request.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Dr Enrique Torres 1050 S Prairie Ave Inglewood, CA 903014120 (310) 419-1640

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

,	·	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Mr Edward Smith	20 00	Х						9,000	0	0
Mr Elliott Walden	10 00	X						0	0	0
Ms Patsy Smith	20 00	Х						0	0	0
Chaplain Sam Ed Spence	10 00							0	0	0
Mr Patrick A Day	20 00	X						0	0	0
Chaplain Waverly Parsons	15 00	Х						0	0	0
Rev Enrique Torres	50 00					Х		48,814	0	0
Mike Buffington	5 00	Χ						0	0	0
Amy Bondon-Peltz	5 00	X						0	0	0
-										
					<u> </u>					

#### Part VII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	(C) (Check in the control of the con		y)	Highest compensated ≡ employee	Former	(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						۲	57,814		

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No				
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule J for such individual	3		Νo				
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such							
	ındıvıdual	4		Νo				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο				

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
60 (8)	1a	Federated camp	paigns 1a					514
Contributions, gifts, grants and other similar amounts			_					
<u>%</u> 7	Ь	Membership du	es <b>1b</b>					
% ₩	c	Fundraising eve	ents <b>1c</b>	445,561				
焦衷	d	Related organiz	ations 1d	416,487				
% <u>=</u>	e	Government grants	s (contributions) <b>1e</b>					
<u>≘</u> .≅	l f	All other contribution	ons, gifts, grants, and <b>1f</b>	2,288,913				 
更更	'	sımılar amounts no	t included above					
운항	g		butions included in					
草屋				<u>.</u>	2.452.064			
ठॅ व	h	Total (Add line:	s 1a-1f)	· · · · •	3,150,961			
nu				Business Code				
Ž	2a							
94	Ь	-						
er ev	l c							
Š								
葱	d							
É	e							
<u> </u>	f	All other progra	ım service revenue					
Program Serwce Revenue								
<u>.</u>	g	Total. Add lines	2a-2f	\$				
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
		other sımılar an	nounts)	•	4,757			
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		<b>.</b> .				
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental						
		expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount						
		from sales of assets other						
	_	than inventory						
	Ь	Less cost or other basis and						
		sales expenses Gain or (loss)						
	С	· · ·	,	<u> </u>				
	d		s)					
	8a	Gross income fi events (not incl	<del>-</del>					
		\$						
ë		of contributions	reported on line 1c)					
Other Revenue		See Part IV, lin	e 18					
è			G if total exceeds					
Œ	ь							
<del>j</del> e			penses <b>b</b> loss) from fundraising	avanta 🕨				
5	c 9a		rom gaming activities	CVEIILS F				
	) <del>3</del> a	See part IV, lin						
		Complete Schedu	ule G ıf total exceeds					
		\$15,000						
			а					
	b		penses b					
	С		loss) from gamıng actı	vities				
	10a	Gross sales of						
		returns and allo	wances . a					
	ь	loca cast of						
			oods sold <b>b</b> loss) from sales of inve	entory •				
	С	Miscellaneous		I				
	<u> </u>	ım is cellaneous	s kevenue	Business Code				
	11a							
	Ь							
	c							
	.	All other revenu	16					
	d		ie i 11a-11d	<u>_</u>				
	12				3,155,718			
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	ɔ, oa, /a, 8c, ▶-	3,133,710			

## Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(4) organizations must complete column (A) but are not reference to the section of the se				).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	307,215	253,851	53,364	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	553,318	387,409		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,847	11,607	7,240	
9	Other employee benefits	220,127	162,701	57,426	
10	Payroll taxes	17,676	11,017	6,659	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	21,109	6,323	14,786	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	0			
g	Other	97,364			97,364
12	Advertising and promotion	2,439	2,439		
13	Office expenses	100,409	69,749	30,660	
14	Information technology	16,654	16,654		
15	Royalties	0			
16	Occupancy	65,279	65,279		
17	Travel	120,397	53,894	66,503	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	114,172	54,784	59,388	
20	Interest	153	153		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23 24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	1,600		1,600	
	total expenses shown on line 25 below )				
а	Bank Charges	2,084	2,084		
b	Education Expense	7,495	5,095	2,400	
c	National Office Tithes	82,356	44,053	38,303	
d	Development / Benevolence	254,634	142,965	111,669	
е	Designated Disbursements	340,620	82,704	257,916	
f	All other expenses	243,836	243,836		
25	Total functional expenses. Add lines 1 through 24f	2,587,784	1,616,597	873,823	97,364
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

			(A) Beginning of year		(E End o	<b>3)</b> fyear
	1	Cash—non-interest-bearing	829,972	1		1,086,345
	2	Savings and temporary cash investments	356,011	2		232,247
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
Ø	9	Prepaid expenses and deferred charges		9		
Assets	10a	Land, buildings, and equipment cost basis   10a   682,963				
_	Ь	Less accumulated depreciation Complete Part VI of Schedule D	682,963	10c		682,963
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,868,946	16		2,001,555
	17	Accounts payable and accrued expenses .		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
es	21	Escrow account liability Complete Part IV of Schedule D		21		
_iabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Lia		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	0	26		0
es.		Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.				
and	27	Unrestricted net assets		27		
Balance	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
r Fund		Organizations that do not follow SFAS 117, check here ► 🔽 and complete lines 30 through 34.				
s or	30	Capital stock or trust principal, or current funds		30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
Ass	32	Retained earnings, endowment, accumulated income, or other funds	1,868,946	$\vdash$		2,001,555
Net /	33	Total net assets or fund balances	1,868,946			2,001,555
ž	34	Total liabilities and net assets/fund balances	1,868,946	$\vdash$		2,001,555
			.,555,540	J-7		, - 2 . , 5 5 6
Pa	rt XI	Financial Statements and Reporting				
					Yes	No

ParitXI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗀 other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Νο
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b	

**Employer identification number** 

23-7181877

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

Service

1 2

3

10 11

h

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Race Track Chaplaincy of America Inc

section 509(a)(2)

check this box

Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally Integrated

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization,

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organization in		organization in the organization col (i) listed in in col (i) of your your governing support?		organization in		(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
	-									
-										
Total										

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2	800	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities						$\longrightarrow$	
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3							_
5	The portion of total contribution by each							
3	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							
_	4							
	otal Support	(-) 2004	(b) 200F	(-) 2006	(4) 2007	(-) 2	000	(6) Total
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	(d) 2007	(e) 2	308	(f) Total
	A mounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties and income from similar							
	sources							
9	Net income from unrelated business							
-	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							
	Part IV )						$\longrightarrow$	
	Total Support (Add lines 7 through 10)		L .			<del>                                     </del>		
12	Gross receipts from related activities, etc	(See instructio	ns )			12		
13	First Five Years. If the Form 990 is for the		fırst, second, thıı	d, fourth, or fifth	ntax year as a 5	01(c)(3)	1	- <b>-</b>
	organization, check this box and <b>stop here</b>							<b>►</b> □
	munitation of Bublic Compart Boxe							
	<b>Emputation of Public Support Pero</b> Public Support Percentage for 2008 (line 6		dad by line 11 a	olumn (f\)		T T		
	-		•	olumn (1))		14		0 %
15	Public Support Percentage for 2007 Scheo	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di				3 1/3% or more	check th	is box	. –
	and <b>stop here.</b> The organization qualifies a				45 22 4504			▶□
b	33 1/3% Test - 2007. If the organization d			•	15 is 33 1/3% o	or more, c	heck th	
17-	box and stop here. The organization qualifi	· · · · · · · · · · · · · · · · · · ·			2 162 2 164		14 10	<b>▶</b> □
1/ a	a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts and circums							ow the ►
ь	10% Facts and Circumstances Test - 2007.							
_	more, and if the organization meets the "fa							
	the organization meets the "facts and circu		· ·					_
18	<b>Private Foundation.</b> If the organization did	not check the b	oox on line 13, 1	6a, 16b, 17a or	17b, check this	box and	see	. —
	ınstructions							<b>▶</b> ┌

### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

1	(Complete	only if you	checked the	box on line	e 9 of Part I.

	ction A Public Support	ted the box of	Tille 9 Of Pari	. 1.)				
	ction A. Public Support	(-) 2004	(h) 2005	(-) 2006	(4) 2007	(-)	2000	/£) T - b - l
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not	1,366,262	1,852,423	3,380,088	2,736,758		3,150,961	12,486,492
	include any "unusual grants ")	1,500,202	1,032,123	3,300,000	2,730,730		3,130,301	12,100,132
2	Gross receipts from admissions,							
-	merchandise sold or services performed,							
	or facilities furnished in any activity that							
	is related to the organization's tax-							
	exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business under							
	section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
_	or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to the							
	organization without charge							
6	Total Add lines 1-5	1,366,262	1,852,423	3,380,088	2,736,758		3,150,961	12,486,492
_	Amounts included on lines 1, 2, and 3	, ,	, ,	, ,	, ,			· · · · ·
<i>,</i> a	received from disqualified persons							
ь	A mounts included on lines 2 and 3							
_	received from other than disqualified							
	persons that exceed the greater of 1% of							
	the total of lines 9, 10c, 11, and 12 for							
	the year or \$5,000							
С	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from line 6)							12,486,492
To	tal Support			I				
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	Amounts from line 6	1,366,262	1,852,423	3,380,088	2,736,758	(0)	3,150,961	12,486,492
10a	Gross income from interest, dividends,	, ,	, ,	, ,	, ,			, , , <u>, , , , , , , , , , , , , , , , </u>
IUa	payments received on securities loans,							
	rents, royalties and income from similar	3,290	3,965	13,536	16,109		4,757	41,657
	sources							
Ь	Unrelated business taxable income (less							
	section 511 taxes) from businesses							0
	acquired after 30 June, 1975							
С	Add lines 10a and 10b	3,290	3,965	13,536	16,109		4,757	41,657
11	Net income from unrelated business							
	activities not included in line 10b,							0
	whether or not the business is regularly							
4.5	Carried on							
12	Other income Do not include gain or loss from the sale of capital assets							0
	(Explain in Part IV )							·
13	Total Support (Add lines 9, 10c, 11 and							12.520.110
13	12)							12,528,149
14	First Five Years If the Form 990 is for the o	rganızatıon's fır	st, second, third	, fourth, or fifth	tax year as a 50	)1(c)(:	3) organiza	ation,
	check this box and <b>stop here</b>		•	•	•		-	É⊩
Co	mputation of Public Support Perce							
15	Public Support Percentage for 2008 (line 8	column (f) dıvıd	ed by line 13 co	olumn (f))		15	· · · · · · · · · · · · · · · · · · ·	99 670 %

Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g

15	99 670	%
16		

#### **Computation of Investment Income Percentage**

Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) 17

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 18

**17** 0 330 % 18

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

►V

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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DLN: 93493236005149

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue

## **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

Schedule D (Form 990) 2008

Service Name of the organization **Employer identification number** Race Track Chaplaincy of America Inc 23-7181877 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 **-**\$

Cat No 52283D

Assets included in Form 990, Part X

Par	Organizations Maintaining Collections of Art, His	stori	<u>cal Treasur</u>	es, or Othe	<u>r Similar Asse</u>	ets (co	<u> intinued)</u>	
3	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)							
а	Public exhibition d	$\vdash$	Loan or exch	ange programs				
b	Scholarly research e Other							
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV							
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No							
Pa	rt IV Trust, Escrow and Custodial Arrangements. Con			nization answ	ered "Yes" to F	orm 9	90,	
	Part IV, line 9, or reported an amount on Form 990, P		•					
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes No							
b	If "Yes," explain why in Part XIV and complete the following table							
_					A mou	ınt		
C	Beginning balance			1c				
d	Additions during the year			1d				
e	Distributions during the year			1e				
f	Ending balance			1f	_			
2a	Did the organization include an amount on Form 990, Part X, line 21?							
b	· · ·							
Pa	rt V Endowment Funds. Complete if the organization and (a)Current Year (b)	Swer Prior			t IV, line 10. Three Years Back (e	NEOUr V	aare Back	
1a	Beginning of year balance	)FIIOI	real (c) wo	rears back (d)	Tillee Teals back   (e	aji oui it	als back	
ь	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held as							
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	C Term endowment ▶							
3a								
	organization by  (i) unrelated organizations				3a(i)	Yes	No	
	(ii) related organizations	•			3a(ii)			
ь	If "Yes" to 3a(II), are the related organizations listed as required on 9				Зь	<u> </u>		
4	Describe in Part XIV the intended uses of the organization's endowm	ent fu	ınds					
Pai	Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
	Description of investment		a) Cost or other asis (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Bo	ook value	
1a	Land							
b	Buildings		682,963				682,963	
c	Leasehold improvements							
d	Equipment							
e	Other							

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

682,963

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Part	XI Reconciliation of Cl	hange in Net Assets from Forn	n 990 to Financial	<u>Statemen</u>	ts	
1	Total revenue (Form 990, Part '	VIII, column (A ), line 12)			1	3,155,718
2	Total expenses (Form 990, Par	t IX, column (A), line 25)			2	2,587,784
3	Excess or (deficit) for the year Subtract line 2 from line 1				3	567,934
4	Net unrealized gains (losses) oi	n investments			4	
	Donated services and use of fac				5	
6	Investment expenses				6	
_	Prior period adjustments				7	
	Other (Describe in Part XIV)				8	
	Total adjustments (net) Add Iir	nes 4 - 8			9	
	• • •	per financial statements Combine lines	: 3 and 9		10	567,934
		evenue per Audited Financial		evenue po		
1		r support per audited financial stateme			1	
2		it not on Form 990, Part VIII, line 12				
а		tments	.   2a			
b	Donated services and use of fa		. 2b			
c	Recoveries of prior year grants		. 2c			
d	Other (Describe in Part XIV)		. 2d			
e	Add lines 2a through 2d .				2e	
3	Subtract line 2e from line 1.			· · ·	3	
1		O, Part VIII, line 12, but not on line 1				
a		uded on Form 990, Part VIII, line 7b	.   4a			
b	Other (Describe in Part XIV)	·	4b			
c	,		40		4c	
5		d <b>4c.</b> (This should equal Form 990, Pari			5	
art		xpenses per Audited Financial				eturn
[		r audited financial statements			1	
2		it not on Form 990, Part IX, line 25				
а		acilities	<sub>2a</sub>			
b			. 2b			
c	•	, Part IX, line 25	2c			
d			. 2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1.				3	
1		0, Part IX, line 25, but not on line 1:			-	
		uded on Form 990, Part VIII, line 7b	4a			
a	·	, ,	4b			
b	Add lines 4a and 4b		. 40		4c	
С -		nd <b>4c.</b> (This should equal Form 990, Pa	rt I line 19 \		5	
5 Dart	XIV Supplemental Inf	· · · · · · · · · · · · · · · · · · ·	itt, iiile 10 )		<b>5</b>	
Comp	lete this part to provide the des	scriptions required for Part II, lines 3, 5, Part XII, lines 3, 5, Part XII, lines 2d and 4b, and Part XI		La and 4, Pa	rt XIV , I	ines 1b and 2b,
	Ident if ier	Return Reference		Explanatio	on	

Part XIV Supplemental In	rt XIV Supplemental Information(continued)				
Ident if ier	Return Reference	Explanation			

Schedule D (Form 990) 2008

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## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization Race Track Chaplaincy of America Inc **Employer identification number** 

23-7181877

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Schedule O (Form 990) 2008